



## MaineCare Services

An Office of the  
Department of Health and Human Services

John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

Department of Health and Human Services  
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March 25, 2009

**TO:** Interested Parties

**FROM:** Anthony Marple, Director, MaineCare Services

**SUBJECT:** Final Rule: MaineCare Benefits Manual, Chapter III, Section 19, Home and Community Benefits for the Elderly and Adults with Disabilities

The adopted rules make permanent the emergency and proposed rules that changed the rates for Comprehensive Care Management and Mileage Reimbursement for health care attendants. Specifically, the Comprehensive Care Management rate is now \$126.50 and resulted from budget initiatives designed to reduce general fund spending. The second rate provides a \$.12 increase in the mileage reimbursement for HHAs, CNAs, PCAs. This rate increase had a minimal impact on general fund expenditures.

A thirty (30) day comment period was held. The comment deadline was February 28, 2009. No comments were received during that time.

Rules and related rulemaking documents may be reviewed at and printed from the Office of MaineCare Services website at [http://www.maine.gov/dhhs/bms/rules/provider\\_rules\\_policies.htm](http://www.maine.gov/dhhs/bms/rules/provider_rules_policies.htm) or, for a fee, interested parties may request a paper copy of rules by calling 207-287-9368. For those who are deaf or hard of hearing and have a TTY machine, the TTY number is 1-800-423-4331.

A copy of the public comments and Department responses can be viewed at and printed from the Office of MaineCare Services website or obtained by calling 207-287-9368 or TTY: (207) 287-1828 or 1-800-423-4331.

If you have any questions regarding the policy, please contact your Provider Relations Specialist at 624-7539, option 8 or 1-800-321-5557, extension option 8 or TTY: (207)287-1828 or 1-800-423-4331.

## Notice of Agency Rule-making Adoption

**AGENCY:** Department of Health and Human Services, MaineCare Services

**CHAPTER NUMBER AND TITLE:** Chapter 101, MaineCare Benefits Manual, Chapter III, Section 19, Home and Community Benefits for the Elderly and Adults with Disabilities

**ADOPTED RULE NUMBER:**

**CONCISE SUMMARY:** The adopted rules establish different reimbursement rates for comprehensive care management services and mileage reimbursement for health care attendants. Specifically, comprehensive care management rates are reduced from \$139.00 to \$126.50 as directed by the emergency and supplemental budgets. The comprehensive care management rate reduction produces \$62,000 in savings to the General fund for SFY 09. The mileage rates for health care attendants (specifically HHAs, CNAs, PCAs) are increased from \$.32 per mile to \$.44 per mile. This mileage rate change has a minimal budgetary impact to the General fund.

See [http://www.maine.gov/bms/rules/provider\\_rules\\_policies.htm](http://www.maine.gov/bms/rules/provider_rules_policies.htm) for rules and related rulemaking documents.

**EFFECTIVE DATE:** March 30, 2009

**AGENCY CONTACT PERSON:** Alyssa Morrison, Health Planner

**AGENCY NAME:** Division of Policy

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Augusta, Maine 04333-0011

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MAINE MEDICAL ASSISTANCE MANUAL  
Chapter III

SECTION 19

**HOME AND COMMUNITY BASED WAIVER SERVICES  
FOR THE ELDERLY**

Established 2/20/86  
Last Updated 3/30/09

PROC. CODE	DESCRIPTION	MAXIMUM ALLOWANCE	REMARKS
EW01	CARE MANAGEMENT FACE-TO-FACE (ELDERLY)	\$12.91	PER 1/4 HOUR
EW02	ADULT DAY HEALTH (ELDERLY)	\$ 9.36	PER 1 HOUR
EW03	PERSONAL CARE SERVICES (ELDERLY)	\$7.49	PER 1/2 HOUR
EW04	HOMEMAKER SERVICES	\$ 7.19	PER 1/2 HOUR
EW06	EMERGENCY RESPONSE COMMUNICATOR UNIT - MONTHLY CHARGE (ELDERLY)	\$ 47.52	PER MONTH
EW07	WAIVER TRANSPORTATION SERVICES (ELDERLY)	\$0.32	PER MILE
EW39	WAIVER TRANSPORTATION BY TAXI (ELDERLY)	BY REPORT	PER TRIP
EW38	WAIVER SERVICES COST FOR INSTALLATION OF EMERGENCY RESPONSE SYSTEM (ELDERLY)	BY REPORT	PER INSTALLATIO N
EW40	INDEPENDENT LIVING - ASSESSMENT (ELDERLY)	\$70.00	PER HOUR
EW41	TRANSPORTATION BY HHA/CNA/PCA (ELDERLY)	\$0.44	PER MILE
EW44	RESPIRE IN MEMBER'S HOME (ELDERLY)	\$4,281.60	PER YEAR
EW45	RESPIRE IN A FACILITY (ELDERLY)	\$142.72	PER DAY
EW46	ENVIRONMENTAL MODIFICATIONS (ELDERLY)	\$ 3,000.00	PER YEAR
EW47	COMPREHENSIVE CARE MANAGEMENT (ELDERLY)	\$ 126.50	PER MONTH

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PROC. CODE	DESCRIPTION	MAXIMUM ALLOWANCE	REMARKS
<b>WAIVERED HOME HEALTH SERVICES</b>			
<b>HOURLY REIMBURSEMENT FOR DIRECT SERVICE TIME</b>			
EW09	WAIVERED HOME HEALTH SERVICES - R.N. (ELDERLY)	\$ 22.12	PER 1/2 HOUR
EW10	WAIVERED HOME HEALTH SERVICES - L.P.N. (ELDERLY)	\$ 12.63	PER 1/2 HOUR
EW11	WAIVERED HOME HEALTH SERVICES - PHYSICAL THERAPY (ELDERLY)	\$ 24.71	PER 1/2 HOUR
EW12	WAIVERED HOME HEALTH SERVICES - OCCUPATIONAL THERAPY (ELDERLY)	\$ 25.74	PER 1/2 HOUR
EW13	WAIVERED HOME HEALTH SERVICES - SPEECH THERAPY (ELDERLY)	\$ 25.74	PER 1/2 HOUR
EW14	WAIVERED HOME HEALTH SERVICES - CERTIFIED NURSE'S AIDE (ELDERLY)	\$ 8.60	PER 1/2 HOUR
EW37	WAIVERED HOME HEALTH SERVICES - HOME HEALTH AIDE (ELDERLY)	\$8.60	PER 1/2 HOUR
EW15	WAIVERED HOME HEALTH SERVICES - M.S.W. (ELDERLY)	\$ 22.96	PER 1/2 HOUR
<b>VISIT REIMBURSEMENT</b>			
EW28	WAIVERED HOME HEALTH SERVICES - R.N. VISIT (ELDERLY)	\$84.10	PER VISIT
EW29	WAIVERED HOME HEALTH SERVICES - L.P.N. VISIT (ELDERLY)	\$58.88	PER VISIT
EW30	WAIVERED HOME HEALTH SERVICES - PHYSICAL THERAPY VISIT (ELDERLY)	\$92.94	PER VISIT
EW31	WAIVERED HOME HEALTH SERVICES - OCCUPATIONAL THERAPY VISIT (ELDERLY)	\$98.76	PER VISIT

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EW32	WAIVERED HOME HEALTH SERVICES - SPEECH THERAPY VISIT (ELDERLY)	\$97.34	PER VISIT
EW33	WAIVERED HOME HEALTH SERVICES - HOME HEALTH AIDE VISIT (ELDERLY)	\$39.84	PER VISIT
EW34	WAIVERED HOME HEALTH SERVICES - M.S.W. VISIT (ELDERLY)	\$84.10	PER VISIT
EW480	WAIVERED CERTIFIED PHYSICAL THERAPY ASSISTANT	\$65.72	PER VISIT
EW490	WAIVERED CERTIFIED OCCUPATIONAL ASSISTANT	\$69.83	PER VISIT
EW500	INDEPENDENT RN	\$32.66	PER HOUR
EW510	FAMILY PROVIDER SERVICE OPTION	\$3.39	PER 1/4 HOUR
EW520	INDEPENDENT PHYSICAL THERAPIST	\$21.60	PER ½ HOUR
EW530	INDEPENDENT OCCUPATIONAL THERAPIST	\$21.20	PER ½ HOUR
EW540	INDEPENDENT SPEECH THERAPIST	\$23.50	PER ½ HOUR

10-144  
MAINECARE BENEFITS MANUAL  
CHAPTER III

SECTION 19

HOME AND COMMUNITY BENEFITS  
FOR ADULTS WITH DISABILITIES

Established 2/20/86  
Last Updated 10/1707

PROC. CODE	DESCRIPTION	MAXIMUM ALLOWANCE	REMARKS
HC1	CARE MANAGEMENT FACE-TO-FACE (ADW)	\$ 12.91	PER 1/4 HOUR
HC2	ADULT DAY HEALTH (ADW)	\$ 9.36	PER 1 HOUR
HC3	PERSONAL CARE SERVICES (ADW)	\$ 7.49	PER 1/2 HOUR
HC5	HOMEMAKER SERVICES	\$ 7.19	PER 1/2 HOUR
HC7	EMERGENCY RESPONSE COMMUNICATOR UNIT - MONTHLY CHARGE (ADW)	\$ 47.52	PER MONTH
HC8	WAIVERED TRANSPORTATION SERVICES (ADW)	\$0.32	PER MILE
HC9	WAIVER TRANSPORTATION BY TAXI (ADW)	BY REPORT	PER TRIP
HC11	WAIVERED SERVICES COST FOR INSTALLATION OF EMERGENCY RESPONSE SYSTEM (ADW)	BY REPORT	PER INSTALLATION
HC28	INDEPENDENT LIVING - ASSESSMENT (ADW)	\$70.00	PER HOUR
HC41	TRANSPORTATION BY HHA/CNA/PCA (ADW)	\$0.44	PER MILE
HC44	RESPIRE IN A MEMBER'S HOME (ADW)	\$4,281.60	PER YEAR
HC45	RESPIRE IN A FACILITY (ADW)	\$142.72	PER DAY

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PROC. CODE	DESCRIPTION	MAXIMUM ALLOWANCE	REMARKS
HC46	COMPREHENSIVE CARE MANAGEMENT (ADW)	\$ 126.50	PER MONTH
HC47	ENVIRONMENTAL MODIFICATIONS (ADW)	\$ 3,000.00	PER YEAR
<b>HOURLY REIMBURSEMENT FOR DIRECT SERVICE TIME</b>			
HC12	WAIVERED HOME HEALTH SERVICES - R.N. (ADW)	\$ 22.12	PER 1/2 HOUR
HC13	WAIVERED HOME HEALTH SERVICES - L.P.N. (ADW)	\$ 12.63	PER 1/2 HOUR
HC14	WAIVERED HOME HEALTH SERVICES - PHYSICAL THERAPY (ADW)	\$ 24.71	PER 1/2 HOUR
HC15	WAIVERED HOME HEALTH SERVICES - OCCUPATIONAL THERAPY (ADW)	\$ 25.74	PER 1/2 HOUR
HC16	WAIVERED HOME HEALTH SERVICES - SPEECH THERAPY (ADW)	\$ 25.74	PER 1/2 HOUR
HC17	WAIVERED HOME HEALTH SERVICES - CERTIFIED NURSE'S AIDE (ADW)	\$ 8.60	PER 1/2 HOUR
HC18	WAIVERED HOME HEALTH SERVICES -.HOME HEALTH AIDE (ADW)	\$ 8.60	PER 1/2 HOUR
HC19	WAIVERED HOME HEALTH SERVICES - M.S.W. (ADW)	\$22.96	PER 1/2 HOUR
<b>VISIT REIMBURSEMENT</b>			
HC21	WAIVERED HOME HEALTH SERVICES - R.N. VISIT (ADW)	\$84.10	PER VISIT
HC22	WAIVERED HOME HEALTH SERVICES - L.P.N. VISIT (ADW)	\$58.88	PER VISIT
HC23	WAIVERED HOME HEALTH SERVICES - PHYSICAL THERAPY VISIT (ADW)	\$92.94	PER VISIT

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Last Updated 10/1707

PROC. CODE	DESCRIPTION	MAXIMUM ALLOWANCE	REMARKS
HC24	WAIVERED HOME HEALTH SERVICES - OCCUPATIONAL THERAPY VISIT (ADW)	\$98.76	PER VISIT
HC25	WAIVERED HOME HEALTH SERVICES - SPEECH THERAPY VISIT (ADW)	\$97.34	PER VISIT
HC26	WAIVERED HOME HEALTH SERVICES - HOME HEALTH AIDE VISIT (ADW)	\$39.84	PER VISIT
HC27	WAIVERED HOME HEALTH SERVICES - M.S.W. VISIT (ADW)	\$84.10	PER VISIT
HC480	WAIVERED CERTIFIED PHYSICAL THERAPY ASSISTANT	\$65.72	PER VISIT
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